

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039607

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 286

FILED NOV 5 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>NO DAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NO DAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARYVILLE</u>		c. CITY OR TOWN <u>MARYVILLE</u>	
Length of stay in 1b <u>1 day</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) <u>St Francis Hospital</u>		d. STREET ADDRESS <u>501 W 2nd</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MAURICE BERNARD SHERLOCK</u>		4. DATE OF DEATH Month Day Year <u>10-24-1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-1870</u>
9. AGE (last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>91</u>	
11. BIRTHPLACE (City and state or country) <u>ROSCHELLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>THOMAS SHERLOCK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FLYNN</u>	
14. NAME OF HUSBAND OR WIFE <u>MAGDALENA BEHM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular Renal Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>E Uremia</u> DUE TO (c) <u>Myocardial Infarction</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-24-1962</u> to <u>10-24-1962</u> and last saw him alive on <u>10-24-1962</u> Death occurred at <u>6:30 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Stump MD</u>	
22b. ADDRESS <u>Maryville, Mo.</u>		22c. DATE SIGNED <u>10/24/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-29-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's</u>		23d. LOCATION (City, town, or county) <u>MARYVILLE, MO.</u>	
24. FUNERAL DIRECTOR <u>Pitchison-Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10 31 62</u>	
26. REGISTRAR'S SIGNATURE <u>Bess / bolt</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed GM Atkinson

Licensed Embalmer No. 2279
P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.